DOCUMENT RESUME

ED 209 380 UD 021 731

AUTHOR Crockett, Geraldine T.
TITLE Child Development Centers. 1977 Evaluation Report. Volume I. Report No. 78-2.
INSTITUTION Seattle Public Schools, Wash. Dept. of Management Information Services.
PUB DATE Apr 78
NOTE 54p.; For related documents, see UD 021 730-732. Some tables may be marginally legible due to small size type.

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Academic Achievement; Average Daily Attendance; *Child Development Centers; Early Childhood Education; *Program Effectiveness; Program Evaluation; *Social Services; Student Behavior; *Student Characteristics; Student Problems; Urban Education
IDENTIFIERS *Seattle Public Schools WA

ABSTRACT

This report summarizes the results of the fourth full year of a projected longitudinal study of the Child Development Centers Program (CDC). CDC is operated by the Seattle, Washington public schools to provide social services primarily to students four to eight years old. This volume describes the population served, services provided, and student outcomes during the 1976-1977 school year. Program effects leading to improvement in academic achievement, Behavioral Rating Scores, school attendance, and other problem areas are outlined. Appended are tables with extensive data on student characteristics, family background, reasons for referral to CDC services, school distribution, and teacher ratings. (APM)

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CHILD DEVELOPMENT CENTERS 1977 EVALUATION REPORT VOLUME I

REPORT NO. 78-2
APRIL 1978

GERALDINE T. CROCKETT

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ACKNOWLEDGEMENTS

The data presented in this report were gathered and processed through the diligent efforts of classroom teachers, CDC Program staff, keypunchers and clerks. It is unfortunately not possible to list them all; their efforts are gratefully acknowledged.

SEATTLE PUBLIC SCHOOLS
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CHILD DEVELOPMENT CENTERS
1977 EVALUATION REPORT
VOLUME I

REPORT NO. 78-2
APRIL 1978

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ABSTRACT

Report No. 78-2 summarizes the results of the fourth full year of a projected eight-year longitudinal study of the Child Development Centers Program (CDC). The CDC Program is operated by the Seattle Public Schools with funds from the National Institute of Mental Health to provide social services to students ages four through twelve in twelve elementary schools and Seattle Schools' Head Start Program in the Harborview Community Mental Health catchment area. This encompasses the Rainier Valley area. Volume I of this report describes the population served, services provided, and student outcomes during the 1976-77 school year. Volume II, to be published by June 1, will present preliminary results of a long-term follow-up study of students successfully terminated from the CDC Program between 1973 and 1976.

The following major results are presented in this report:

1. The majority of students who received service in the CDC Program came from single parent, lower income households and were highly mobile. Somewhat higher than expected proportions of students served were male and Black. In general, students showed a pattern of lower than average academic achievement.

2. Students were referred to the CDC Program for intensive service for a variety of behavioral problems, with the majority of the problems rated as moderate to severe. No significant differences in ethnic distributions were observed among students referred for specific problems.

3. Students receiving intensive service were concentrated in preschool through third grade and received an average of four times as many contacts as students enrolled for short-term service.

4. Thirty-eight percent of the total number of students receiving intensive service during the 1976-77 school year were successfully terminated from the CDC Program.

5. On the average students receiving intensive service during the 1976-77 school year program demonstrated significant gains on all the following measures of program effects:

   - Teacher estimates of academic achievement level,
   - Teacher and CDC staff ratings of improvement in specific behavioral problems,
   - Teacher and CDC staff Behavioral Rating Form scores, and
   - School attendance.

Gains in behavioral measures and attendance were particularly strong. The attendance of students improved considerably from Fall semester to Spring semester, by an average increase of almost one school week. Student gains were consistent in 1976-77 with those reported in earlier annual evaluations of the program.

Data from the report led to the following conclusions and recommendations:

- The CDC Program is satisfactorily fulfilling its primary objective of providing early intervention services for young children. It is recommended that future evaluations include assessment of program impact on students' dropout and suspension rates and contacts with juvenile authorities.

- The proportions of male students and Black students served by the program were somewhat higher than expected, given their proportions within the total CDC school population. It is recommended that CDC Program referral and assessment processes be documented as non-discriminatory to these groups.

- Inadequacies and inconsistencies in the data available for reporting suggested the following:

  (1) No base was available for comparing attendance data for CDC participants to those for all students in CDC schools. It is recommended that CDC schools maintain data on all students' average attendance per semester, and that CDC record-keeping be expanded to record students' actual enrollment days as well as attendance days.

  (2) Comprehensive academic achievement data for program participants were not available. It is recommended that all CDC students in grade one and above be tested in Fall and Spring with the appropriate grade level form of the Metropolitan Achievement Test (MAT), or an alternative standardized test battery recommended by the District's Testing Committee.

  (3) Teachers and CDC staff differed considerably in their identification of individual students' problems and their ratings of the severity of those problems. Because the results reported for these two groups of raters were generally not comparable, it is recommended that the Evaluation Office modify its procedures for data collection and analysis. General reasons for referral, general behaviors, and estimates of academic achievement should be collected from teachers. Specific descriptions of problems and estimates of improvement in these problems could then be collected solely from program staff.

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INTRODUCTION

Background

The Child Development Centers (CDC) Program has been in operation since January 1973 in affiliation with Harborview Community Mental Health Center. The CDC Program provides service to students in selected schools in the Harborview Community Mental Health catchment area, which encompasses the central and southeast areas of Seattle. This catchment area has been designated by the Secretary of the Department of Health, Education, and Welfare as an urban poverty area. In the 1976-77 school year, the CDC Program expanded from nine elementary schools to the following twelve elementary schools and the Seattle Schools' Head Start Program.

Brighton	Head Start (preschool)	Van Asselt
Colman	Kimball	Whitworth
Columbia	King	Wing Luke
Gatzert	Leschi	
Hawthorne	John Muir	

The CDC Program is funded by an eight-year continuation grant from the National Institute of Mental Health (NIMH) under the Child Mental Health Act, with additional funds provided by the District. NIMH funding is limited to staff costs. The Seattle School District provides matching funds for staff costs as well as funds for supplies. During the 1976-77 fiscal year (the fifth year of the continuation grant) staff costs amounted to $482,787. NIMH paid seventy-five percent ($362,090) and the District twenty-five percent ($120,697). In addition, the District provided an estimated $8,600 for supplies. NIMH will provide seventy percent of the funds for staff costs for the remaining three years of the grant. The CDC Summer Day Treatment Program has received supplemental funds for supplies since 1973 from the City of Seattle's Department of Human Resources Recreation Support Program.

The CDC Program has been evaluated annually and data have been collected since its implementation. Past evaluations have centered mainly on yearly program effects. In addition to assessing the impact of 1976-77 program participation, this year's evaluation also assesses long-term program effects for students formerly in the program with respect to school attendance, school adjustment, and related behaviors.

Service and Staff

The main emphasis of the CDC Program is to provide early intervention and comprehensive mental health services to young children and their families. Thus the regular school year CDC Program primarily serves children in preschool

through third grade. Students are referred to the program by classroom teachers for moderate to severe behavioral or social adjustment problems that require intensive, regularly scheduled service. Anticipated consequences of early intervention are improved academic achievement and attendance in school and, in later years, a lower incidence of contacts with the juvenile justice system and lower school dropout rates than might be expected if the students did not receive service.

The CDC Program staff, in addition to providing regularly scheduled intensive service, also provides short term, crisis intervention for students in preschool through grade six. This service is provided to students who have less severe problems which usually involve situations requiring immediate but limited attention. Although short-term and intensive services are similar, students referred for intensive service generally receive a larger concentration of services from CDC Program staff than do students referred for short-term service.

The CDC Program staff also provides consultation sessions with classroom teachers regarding classroom management, and Glasser-type classroom discussions to improve students' communication and problem-solving skills. All services are provided at no charge.

In summary, services provided in 1976-77 by the Child Development Centers Program included:

- Small group sessions
- Classroom Glasser group sessions
- Long- and short-term individual counseling
- Family counseling
- Individual parent counseling
- Teacher conferences
- Referral of students for academic help
- Referral to community agencies
- Crisis intervention and referral
- Transition groups for former participants
- Health screening and counseling

Staff for the 1976-77 school year CDC Program included: (1) thirteen mental health professional team leaders (one at each site) who were responsible for the diagnosis and treatment of students; (2) eighteen family/child workers, paraprofessionals who worked under the direction of team leaders; (3) one nurse practitioner, funded half time, who reviewed the individual status of all CDC Program children, conferred with staff, and referred students for appropriate medical treatment as needed; (4) one psychiatrist, funded half time, who provided individual case consultation with CDC Program staff two times a month at each site; (5) one assistant program manager; (6) one program manager; and (7) one secretary.

The CDC 1977 Summer Day Treatment Program provided continued mental health service for many students who participated in the 1976-77 school year program; additional students were referred from schools and community agencies in the catchment area. The summer program operated at ten of the thirteen school year sites. Students in the summer program attended half-day sessions for five weeks. The sessions were planned to meet the individual needs of the

children enrolled. In addition to providing individual and group counseling to students and their families, the summer program also included educational and recreational activities with a multiethnic focus. Parents, other relatives, and siblings were encouraged to participate in the summer program.

Staff for the summer program included: (1) ten team leaders (one at each site); (2) twenty family/child workers (two at each site); (3) four component coordinators, resource persons who developed and directed the multiethnic activities; (4) one program manager; (5) one assistant program manager; and (6) one secretary.

Overview of the Report

This report summarizes the results of the evaluation of 1976-77 data for CDC Program. Previous evaluation data are contained in Child Development Centers Evaluation Report, No. 76-7 and in Child Development Centers 1976 Evaluation Report, No. 77-4.

Following this section is a listing of research and evaluation questions, followed by a procedures section which includes a description of the population and sampling, data sources, and data analysis. The next section presents and discusses the results related to each research and evaluation question. The final section presents conclusions and recommendations drawn from information in the report. In addition to tables presented in the text, further descriptive tables are included in Appendix 1. A second volume of this report will be published by June 1. That document will summarize the results of the long-range assessment of CDC Program effects.

RESEARCH AND EVALUATION QUESTIONS

1. What were the demographic and behavioral characteristics of students who received service in the Child Development Centers (CDC) Program from Fall 1976 through Summer 1977?

2. What amounts and types of services were provided to program participants?

3. To what extent did students receiving intensive service during the 1976-77 school year show improvement in academic achievement, problem areas, behavioral measures, and school attendance?

PROCEDURES

Population and Sampling

The population for assessment of yearly program effects consisted of all students who received service in the CDC Program from Fall 1976 through Summer 1977. The sample consisted of all students for whom data were available. To describe program services, participants were grouped in four categories, as follows: 1) students who received intensive service only (N=480), 2) students who received short-term service only (N=975), 3) students who received both short-term and intensive service (N=56), and 4) students who received intensive service in the summer program but who did not participate in the 1976-77 school year program (N=211). An estimated 150 students who received short-term service in the summer program were not included in the sample. Children who participated only in Glasser classroom groups during the school year were also omitted from the sample.

Description of Data Sources

The following instruments and records were used in the collection of data contained in this report:

1. The Student Master File, maintained by the Seattle School District for all District students. This file was the source of demographic information (grade, sex, and ethnic background) for CDC Program students.

2. CDCP Intake Status Sheet, maintained by program staff for students who received short-term and intensive service. The sheets included information concerning the primary reasons for short-term referrals and the type and number of contacts made with or about each student. (See Appendix 2).

3. CDC Referral and Follow-up Form, completed by classroom teachers for students who received intensive service. It included initial and review data for specific problems for which students were referred and the teachers' academic evaluations. (See Appendix 2).

4. CDCP Face Sheet, maintained by program staff for students who received intensive service. It contained family background information, initial and review ratings of problems areas, and attendance data. (See Appendix 2).

5. The Behavioral Rating Form (BRF), completed separately by classroom teachers and CDC Program staff in Fall 1976 and Spring 1977 for students who received intensive service. The BRF contains thirteen items concerning school adjustment and related behavior. Each item is rated on a five point scale. (See Appendix 2).

6. Termination Summary Form, completed by program staff when students who received intensive service were terminated from the program. (See Appendix 2).

7. The District Test History File, maintained for all students participating in the District's regular Group Testing Program. Fall 1976 and Spring 1977 Metropolitan Achievement Test (MAT) scores for Reading, Total Reading, and Total Mathematics were used to assess the academic achievement of second grade CDC Program students who received intensive service.

8. Summer CDC Summary and Contact Sheet, maintained by program staff for students who participated in the summer program. The form contained information concerning family and student backgrounds, initial comments and review of specific problem areas for which the student was referred, number and type of contacts made for the student, and student attendance. (See Appendix 2).

Data Analysis

For each student particpating in the CDC Program, records maintained by classroom teachers, program staff, and the District were entered on a computer file. All analyses of the data were conducted on the computer with the Statistical Package for the Social Sciences (SPSS).

Demographic data (ethnic group, sex, grade level) for program participants were tabulated from the District Student Master File. Additional background information (number of parents in household, family income level, problems for which students were referred) was tabulated from staff records. Data describing the number of staff contacts provided to students and their families were compiled for three categories of students: those receiving intensive service, short-term service, and combined intensive and short-term service.

To describe the academic achievement of students who received intensive service, Fall and Spring academic ratings completed by classroom teachers were compared. For second grade students, gains in Metropolitan Achievement Test (MAT) scores were computed and compared to the gains expected of other District students with similar pretest scores (see Report No. 76-22, Expected Gains on the Metropolitan Achievement Test, for a detailed description of this procedure). Improvement in specific problem areas for which students were initially referred for intensive service was assessed by calculating the difference between Fall and Spring ratings for each problem as determined by teachers and program staff.

Changes in individual student behavior were assessed by comparing staff and teacher Behavioral Rating Form (BRF) composite scores for Fall 1976 and Spring 1977 through t-tests. The correspondence between teacher and staff ratings on the BRF for Fall and Spring were assessed through correlations. To assess changes in the school attendance patterns of students participating in the school year program, Spring 1975 (semester before referral) and Fall 1976 (semester of referral) attendance data were compared to Spring 1977 (semester after referral) attendance data through t-tests.

Limitations of the Study

1. Complete information was not available for students who received short-term service. Problem area improvement, family background, academic achievement, and behavioral data were not collected for these students. Thus it was not possible to determine the extent of behavioral changes for these students as a result of program participation. In addition, no data were collected for students who received short-term service in the Summer Day Treatment Program nor for those served only in Glasser classroom groups.

2. The amount of service that CDC participants receive is defined by the number of contacts that CDC staff make with and on behalf of each student. Since a contact can vary in length from ten minutes to four hours or more, the number of contacts must be interpreted only as a general measure of the amount of service received.

3. Standardized achievement test data were available only for second grade students who received intensive service. Analyses utilizing MAT subtest scores should thus be interpreted with caution.

4. At present teachers and CDC staff state the problem for which each student is referred for service in an open-ended problem statement. These statements are then coded by evaluation staff. Because the coding procedure requires considerable subjective interpretation, data related to problem areas must be viewed as descriptive rather than diagnostic.

5. Attendance data for students who received intensive service in the CDC Program were based on the number of days students were absent during each school semester. No data were collected on the total number of days students were enrolled. Therefore Fall to Spring attendance gains could only be computed on the number of days absent, without accounting for actual enrollment days. While this should not alter the conclusions reported in this study, the average number of days students were absent each semester cannot be interpreted as based on a full ninety day semester.

6. The Seattle School District did not routinely collect school attendance data for students during 1976-77. Therefore a comparison of the school attendance of CDC participants with the other students in the District was not possible.

7. It is not presently possible to assess fully the long-range effects of the CDC Program. Data are being collected which will enable a longitudinal study of program effectiveness in terms of reduced suspensions and dropout rates and a lower incidence of contacts with the juvenile justice system. However, students who have participated in the CDC Program have not yet reached an age at which these variables are meaningful.

PRESENTATION AND DISCUSSION OF DATA

Demographic and Behavioral Characteristics of Students Served

Table A (see Appendix 1) shows the ethnic and sex distribution of students who received service in the Child Development Centers Program (CDC) from Fall 1976 through Summer 1977. The majority of students in the program were Black (65%) and male (57%). Although the CDC schools had a high proportion (56%) of Black students in comparison to the District average, the proportion of Black CDC participants was somewhat larger than would be expected given the proportion of Black students in these schools. In contrast, a smaller proportion (11%) of Asian students received service in the CDC Program than were enrolled in CDC schools (17%). The proportion of male students in the program was higher than the population in CDC schools. No significant differences in sex or ethnic distributions were observed among students who received various categories of CDC Program service.

Family background information for CDC participants is presented in Table B (see Appendix 1). Family income categories were estimated by CDC Program staff through interviews and contacts with students and parents. The data indicated that most of the students came from single parent (80%) and lower income households (87%). The ethnic distribution of students within income categories did not differ significantly from the overall ethnic distribution of students served.

The grade distribution of students who received service in the CDC Program is presented in Table C (see Appendix 1). Although the majority (73%) of the students who received service were in preschool through grade three, the grade distribution varied with type of service. Almost all (97%) of the students who received intensive service were in preschool through grade three, whereas students who received short-term services were fairly evenly distributed across all grade levels between preschool and sixth grade.

Students were referred to the CDC Program for intensive service by their classroom teachers for a broad range of behavioral and adjustment problems. Table D (see Appendix 1) shows the severity level of each problem for which students were referred to the program in Fall 1976. Problems were rated on a scale of 1 (within normal limits) to 5 (very severe). On the average, students were referred for three problems. Seventy-one percent of these problems were rated in the moderate to very severe range. The single problem area for which students were referred most often (11%) was for inattentive and/or distracted behavior. The next largest group of problems (33%) included being withdrawn from peers, being physically and verbally aggressive toward peers, and rejecting authority. Somewhat larger proportions of males were referred for being physically aggressive toward peers and being hyperactive than would be expected given the proportion of male students in the program. No significant difference in ethnic distribution was observed among students referred for specific problems.

Table E (see Appendix 1) shows the problem areas for which students were referred for short-term service. On the average students were referred for two problems. The majority of these problems (82%) were behavioral, with peer relations (28%) and aggressive behavior (19%) cited most frequently. The next largest group of problems consisted of immature (12%), anxious (9%), and inattentive (8%) behavior. Of the referrals for non-behavioral problems, family problems were by far the most frequent (34%), followed by learning difficulties (28%).

Summary of Demographic and Behavioral Characteristics

In summary, the majority of students who received service in the CDC Program were Black, male, and came from single parent, low-income households. Almost all (97%) of the students who received intensive service were in preschool through grade three. This grade level configuration reflected the main emphasis of the CDC Program: to provide early intervention and preventive services to young children. In contrast short-term service was provided to students at all grade levels between preschool and grade six. This one major distinction between students receiving intensive service as opposed to short term service was the age of the student. Students were referred to the CDC Program for intensive service for a variety of behavior problems, with the majority of the problems rated as moderate to severe. Students receiving short-term service were referred primarily for behavioral problems which were similar to those of students receiving intensive service.

Types and Amounts of Service Provided

A total of 1,722 students for whom data were collected received service in the CDC Program from Fall 1976 through August 1977. Of these 1,511 received service during the school year. The various categories of service they received at each CDC school are described in Table F (see Appendix 1). Of the total students served, 480 (31%) received intensive service only, and an additional 56 (4%) students received a combination of intensive and short-term service. The majority of the students (65%) received short-term services. The proportions of students who received short-term as opposed to intensive service varied considerably from school to school. Most (75%) of the students who received intensive service were in the program for two semesters. Similarly, many (57%) students who received short-term service received service both semesters.

Table G (see Appendix 1) presents the numbers of students served by the 1977 Summer Day Treatment Program according to services previously received during the 1976-77 school year. Data are presented only for students who received intensive service in the summer program. Of the 450 students who were served in the summer program, 239 (53%) had previously received service from the school year program. Of these continuing students, 155 (65%) had received intensive services during the year, 70 (29%) had received short-term services, and 14 (6%) had received combined short-term and intensive service. Two hundred eleven students (47%) who received service in the summer program had not participated in the previous school year program.

The amount of service received in the CDC Program is usually measured by the number of contacts that CDC staff make with and on behalf of each student. This is admittedly a rough measure, since the length of an individual contact can vary significantly (e.g., from ten minutes to two hours or more). Table H (see Appendix 1) presents the numbers of contacts that CDC Program staff provided for students who received service during the 1976-77 school year.

The pattern of contacts provided was similar for students in all three service categories. The majority (59%) of the contacts provided were in the form of direct contacts with children. The next largest number of contacts (27%) was in the area of consultation with other District staff. Contacts with parents comprised another twelve percent. The remaining two percent of the contacts provided were with other District programs or outside agencies.

These data indicate that the main distinction between service provided to students who received intensive service as opposed to short-term service was in the number of contacts provided for individual students. On the average, students who received intensive service were provided almost four times as many contacts (82.4 contacts) as students who received short-term service (22.1 contacts). Much of this difference was in the greater average number of small group counseling sessions provided as part of intensive service.

Table I (see Appendix 1) shows the number of contacts that CDC staff provided for students who received intensive service in the summer program. On the average, 20.3 contacts were provided for each student. The general pattern of contacts provided for students in the summer program was similar to that provided for students in the school year program. One major distinction between school year and summer contacts was in the proportion of group counseling sessions. Because the summer program consisted primarily of daily group

sessions averaging four and a half hours each, students in the summer program were provided a higher average proportion of group counseling sessions than were students in the school year program (78% in the summer vs. 38% in the school year).

At the conclusion of the CDC service year, a recommendation is made concerning the termination of each student receiving intensive service. This process is generally completed in the Fall of the school year following service, and includes a teacher reassessment of student needs. Students who returned to CDC schools in Fall 1977 were considered successfully terminated unless they were referred again by classroom teachers for additional service. In cases in which students left the program before service was completed, determination of the need for any further service was generally made at that time.

Table J (see Appendix 1) presents Fall 1977 follow-up information concerning the reasons for termination of students who received intensive service in the 1976-77 school year program. Of the 480 students who received intensive service, 369 (77%) were released from the program. Almost half (49%) of the students who were terminated were judged by classroom teachers as no longer needing treatment. Of the students who were in need of further treatment, a large majority (65%) moved before treatment could be completed. This fact reflects the high mobility rate of students in the program. Another thirty percent of the students in need of further treatment were referred for service outside the CDC Program.

Summary of Service

In summary, 1976-77 service data showed that many more students received short-term service than intensive service. A majority of students in both major service categories were served during both semesters of the school year. Of the students who were served in the summer program, one half had previously received service during the school year. The majority of contacts provided for students were in the area of direct student service (i.e., individual and group counseling). Students in the two major service categories received similar patterns of contacts; however, those receiving intensive services were provided four times as many contacts as were provided to students receiving short-term service. Most of the additional contacts were in the form of small group counseling sessions. Thus it appears that the primary distinction between intensive and short-term service is in the amount of service provided to students. The high mobility rate of CDC participants prevented many students from completing the program. Of the 480 students receiving intensive service during the school year, 180 students (38%) were successfully terminated (i.e., judged to need no further CDC service).

Program Effects

Improvement in Academic Achievement

Because of the general unavailability of standardized test scores for students in preschool through grade three, an analysis of student test gains utilizing MAT subtest scores was possible only for second grade students who had both Fall and Spring test scores. This included only nineteen percent of the students who received intensive service during the 1976-77 school year. Their average percentile scores on the MAT Reading, Total Reading, and Total Mathematics subtests are presented in Table 1. The table includes students' actual Fall and Spring percentile scores as well as their average expected Spring score. This expected Spring score represents the average achievement test score of second grade students in the District whose Fall test scores were similar to those of program participants.

TABLE 1

AVERAGE PERCENTILE SCORES ON MAT SUBTESTS FOR SECOND GRADE STUDENTS WHO RECEIVED INTENSIVE SERVICE IN THE CDC PROGRAM DURING THE 1976-77 SCHOOL YEAR

Average Percentile Scores	MAT Subtests		
	Reading (N=91)	Total Reading (N=87)	Total Mathematics (N=88)
Actual Fall Score	30.5	30.5	30.9
Actual Spring Score	37.7	38.3	36.1
Expected Spring Score	46.0	43.6	44.2

As a group, students showed lower than average achievement at the time of their referral to the CDC Program. Although they demonstrated improvement in their MAT subtest scores from Fall to Spring, their gains were not as large as those shown by other students in the District who had similar Fall test scores. These results might be expected, given that CDC Program schools had a greater proportion of students with lower than average achievement scores than was characteristic of District schools as a whole. In Fall 1977, only eighteen percent of the second grade students in the Seattle School District scored in the lower three stanines on the MAT Total Reading subtest, and sixteen percent on the MAT Total Mathematics subtest. In contrast, a greater proportion of second grade students in CDC Program schools scored in the lower three stanines (29% on the MAT Reading subtest and 27% on the Total Mathematics subtest).

Although achievement test score data were available for only one-fifth of the students receiving intensive service, the majority (64%) of CDC participants had teacher academic ratings. An analysis was conducted to determine if teacher ratings were a viable alternative to MAT test scores for describing the achievement levels of these students. In the Fall, teachers initially were asked to rate each student's present acadmeic performance in their class. Each student was rated on a stanine scale, based on nationwide standards, from one (lowest level) to nine (highest level). A second academic rating was completed in the Spring. Correlations were computed between available MAT subtest stanine levels for second grade students and teacher academic ratings for these students. These correlations are presented in Table K (see Appendix 1). A higher degree of correspondence between teacher ratings and students' MAT subtest stanine scores was found in Spring than in Fall; the correlations between the two measures of student academic ability for both Fall and Spring were moderate. This finding suggests that teacher ratings are an adequate measure of student achievement for this particular group of children.

The average Fall and Spring teacher ratings are presented in Table 2. For both reading and mathematics, students were initially rated, on the average, in the third stanine. In the Spring, students were rated in the fourth stanine. On the average, students showed gains in academic achievement from Fall to Spring.

TABLE 2

AVERAGE TEACHER ACADEMIC RATINGS BY STANINE LEVEL
FOR STUDENTS WHO RECEIVED INTENSIVE SERVICE IN THE
CDC PROGRAM DURING THE 1976-77 SCHOOL YEAR

Average Teacher Rating	Average Stanine Rating by Subtest Area	
	Reading	Mathematics
Initial Rating	3.2 (N=387)	3.3 (N=385)
Review Rating	3.9 (N=393)	4.0 (N=393)
GAIN	+.78 (N=305)*	+.82 (N=302)*

*Gains are significant at $p < .05$.

In general, students who received intensive service in the CDC Program during the 1976-77 school year had both low academic achievement and behavioral problems prior to receiving service. To what extent their low achievement was related to their behavioral problems is not possible to ascertain. Generally, students showed improvement from Fall to Spring; however, they continued to show a pattern of lower than average achievement.

Improvement in Problem Areas

When students are initially referred to the CDC Program for intensive service, teachers and staff identify the problem area(s) for which the students are in need of service. In addition, both teachers and staff rate the severity of each

problem on a scale of 1 (within normal limits) to 5 (very severe). At the end of the Fall and Spring semesters, teachers and staff complete a review rating for each student. The range for the review rating is on a scale of 0 (no longer a problem) to 5 (very severe problem). A similar procedure is followed for summer school participants. Ratings are made at the beginning and end of the summer program, or about six weeks apart. Since teachers are on vacation during the summer school program, only CDC staff ratings are available. Improvement (i.e., decrease in severity level) in problem areas was determined by comparing final review ratings with initial ratings.

The average decrease in severity level in each problem area for students who received intensive service in the CDC Program is presented in Table L (see Appendix 1). All decreases in severity levels were statistically significant except for the decrease in the problem area of physical immaturity for students in the summer program. As a whole, students were rated as having greater decreases in the severity level of their problems during the school year than in the summer. This greater improvement is doubtless related to the considerably longer period of service available during the school year program.

To determine the extent of agreement between teachers and CDC staff in rating the problems of individual students, comparisons were completed between the Fall ratings and Spring ratings of both groups. This analysis showed that there was considerable disagreement between teachers and staff in the specific problems manifested by individual children. For example, in the Fall, teachers identified a total of 105 students as being inattentive and/or distracted. The average severity rating for this problem was 3.1. A similar number of students (107) were identified by CDC staff as having this particular problem. The average severity rating for these students was similar (3.0). However, of the total number of students described as having this problem, only sixty-seven were listed in common by both teachers and staff. Thus, there were seventy-eight additional students rated by either staff or teachers (but not by both) as having this problem. These discrepancies suggest that in many instances, teachers identify different problems for individual students than are identified by CDC staff. These differences may be related to the difference in setting (classroom vs. small group or individual session) in which teachers and program staff usually complete their observations of students.

Correlations were also calculated on the severity level of the problems on which teachers and staff showed agreement. These correlations ranged from low to moderately high. In the example discussed above, of the sixty-seven students for whom there was agreement in identifying the referral problem, a moderate correspondence ($r=.54$) in the severity level of the problem was observed.

In summary, teachers and staff agreed that students referred to the CDC Program for intensive service had moderate to severe problems. Although staff and teachers often disagreed in their identification of individual student problems, within each group there was consistent agreement that students showed significant improvement after participation in the program.

Improvement in Behavioral Rating Form (BRF) Scores

Fall 1976 and Spring 1977 average Behavioral Rating Form (BRF) scores and gains

for students receiving intensive service during the 1976-77 school year are shown in Table 3. Socres were computed separately for forms completed by classroom teachers and CDC staff. Gains were computed only for students who had both Fall and Spring BRF scores.

TABLE 3

AVERAGE BRF COMPOSITE SCORES FOR STUDENTS WHO RECEIVED INTENSIVE SERVICE IN THE CDC PROGRAM DURING THE 1976-77 SCHOOL YEAR AS RATED BY TEACHERS AND STAFF

	BRF Composite Scores[1]			
	Average Teacher Rating	Number of Students	Average CDC Staff Rating	Number of Students
Fall 1976	38.9	377	39.0	400
Spring 1977	40.1	281	42.3	286
GAIN	+1.0[2]	169	+3.2[2]	188

[1]Behavioral ratings for each item on the BRF are scored on a scale of 1 (severe problem) to 5 (no problem). The BRF composite scores, a summation of the 13 item scores, can range from 13 (severe behavioral problems) to 65 (no behavioral problems).
[2]Statistically significant gains from Fall to Spring at $p \leq .05$.

In the Fall, teacher and staff average ratings were very similar for students as a group. CDC staff noted greater improvement in students' behavior during the school year than did teachers, as shown in their higher Spring average ratings and gain scores. However, improvement noted by classroom teachers was also statistically significant.

Correlations were calculated to determine the extent to which CDC staff and classroom teachers agreed in their ratings of individual students' behavioral problems. Although their Fall average ratings were similar for students as a group, ratings of the severity of individual children's problems showed only a modest correlation (r=.30). Agreement between staff and teacher ratings increased in the Spring (r=.54). These results indicate that teachers and staff initially apply fairly different criteria in rating the severity of individual student problems. The greater agreement in Spring ratings suggests that as teachers and staff have the opportunity to communicate with each other during the year and work with individual children, their criteria for describing behavioral problems become more similar.

The correlation in Spring ratings represents an acceptable level of agreement, given the limited range of the rating scale and the fairly universal tendency of raters not to employ the extreme points of the scale. In addition, it is inherently more difficult to precisely measure subjective attributes, such as behavior, as opposed to more objective skills such as achievement.

Given the limitations in the rating scale, what is most important is that both teachers and staff noted significant improvement in students' self-esteem and school related behaviors after participation in the CDC Program.

Improvement in Attendance

The average number of days absent per semester for students who received intensive service during the 1976-77 school year program is presented in Table 4. A comparison of Fall 1976 and Spring 1977 semester data showed a statistically significant decrease in the average number of days absent after participation in the CDC Program. Students attended school an average of 4.5 additional days during the Spring semester as compared to the Fall. Attendance data were also collected the semester before students were referred to the CDC Program. A decrease in days absent from Spring 1976 (the semester before referral) to Spring 1977 was also found to be statistically significant. Overall, the attendance of students who received intensive service improved considerably during the school year, as evidenced by an average increase of nearly one school week.

TABLE 4

AVERAGE NUMBER OF DAYS ABSENT PER SEMESTER FOR STUDENTS WHO RECEIVED INTENSIVE SERVICE IN THE 1976-77 SCHOOL YEAR CDC PROGRAM

	Fall Semester 1976 (N=366)	Spring Semester 1977 (N=433)	Difference (N=290)[3]
Average Number of Days Absent[1]	10.5	5.8	4.48[2]

[1]Averages are based on days absent each semester. No data were available for the total number of semester days that students were actually enrolled; therefore, it was not possible to determine the total attendance days possible for these students.
[2]Statistically significant at $p \leq .05$.
[3]Only those students for whom both Fall and Spring attendance data were available were included in the calculation of attendance gains.

Summary of Program Effects

Analyses of the effects of program participation showed that students receiving intensive service showed significant gains on all measures for which data were collected. Gains in behavioral rating completed by program staff and in school attendance were particularly strong. Although students demonstrated gains on measures of academic achievement, their general pattern of achievement was considerably lower than the District average. Given the academic achievement history of previous CDC participants and the fact that these students demonstrated behavioral problems at the time of referral, these achievement results were not unexpected. Students showed a consistent pattern of improvement on behavioral measures directly related to program goals.

CONCLUSIONS AND RECOMMENDATIONS

1976-77 program data presented in this report led to the following conclusions and recommendations:

1. Grade level data showed that intensive services were concentrated between preschool and third grade. In addition, the majority of students receiving short-term service were enrolled in these grade levels. These data indicate that the CDC Program fulfilled its primary goal: to provide early intervention for young children.

2. Sex, ethnic, and income data reported for CDC participants produced a profile of student characteristics similar to that reported in previous evaluations of the program. In general, students were from lower income, single parent households characterized by a high degree of mobility. The data further indicated that the program served somewhat higher proportions of male students and Black students than would be expected in comparison to the total student population within CDC schools.

Recommendation:

Given federal Title VI regulations and accompanying federal and state legislation, the District should anticipate the need to document CDC referral and placement processes as non-discriminatory to these students.

3. Yearly program data reported by the Evaluation Office have shown a consistent pattern of gains in attendance and behavioral ratings among program participants receiving intensive service. Data collected in 1976-77 support these findings. Students demonstrated significant gains on all measures of program effects.

Recommendation:

It is recommended that future evaluations include additional measures of the long-range effects of program participation. As children reach an age at which such measures are meaningful, data on school suspension and drop-out rates and contacts with juvenile authorities should be collected.

4. Although attendance data indicated that students made highly significant gains in Spring as compared to Fall, data were not available which enabled comparison of participants' average attendance to that of all students in CDC schools. Thus, it is not possible to describe CDC participants' attendance or absence rates according to school averages.

Recommendation:

It is recommended that CDC data collection be expanded to include records of students' actual enrollment days each semester in addition to their attendance days. Furthermore, CDC schools might be asked to maintain aggregate statistics on average school attendance each semester. This is particularly critical for the 1978-79 school year, given the redistribution of existing CDC school populations mandated by the District's desegregation plans.

5. Standardized achievement test data were available for only twenty percent of students receiving intensive services. Test data and teacher's academic ratings indicate that, in general, CDC Program participants show lower than average achievement in school.

Recommendation:

If a valid profile is to be developed of the academic achievement deficits of CDC Program participants, standardized test data must be routinely collected for all students in grade one and above. This will require special testing beyond that scheduled through the District's Group Testing program.

6. Classroom teachers and CDC staff both reported significant improvement in students' problems and behavior after CDC Program participation. However these two groups differed considerably in their identification of individual students' problems and in their ratings of the severity of these problems.

Recommendation:

Because comparisons between results provided by these two groups showed only modest agreement, particularly in the Fall, it is recommended that the data collection process completed by the Evaluation Office be modified. Such modifications might include clearer delineations between the kinds of information collected from teachers and from program staff. It would seem appropriate to limit data collected from teachers to general reasons for referral, general behavioral ratings (BRF's) and estimates of academic achievement. Specific descriptions of problems and estimates of improvement in these problems could then be collected solely from program staff, whose training and experience provide the skills needed to make accurate judgments of these specific improvements.

TABLE A

ETHNIC AND SEX DISTRIBUTION OF STUDENTS WHO RECEIVED VARIOUS TYPES OF SERVICE IN THE CHILD DEVELOPMENT CENTERS PROGRAM
(FALL 1976 THROUGH SUMMER 1977)

School	Ethnic Group by Service Category[1]																				Sex by Service Category[1]							
	White				Black				Asian				Hispanic				Native American				Male				Female			
	I	ST	C	SU	I	ST	C	SU	I	ST	C	SU	I	ST	C	SU	I	ST	C	SU	I	ST	C	SU	I	ST	C	SU
Brighton	10	9	1	3	30	85	3	7	3	22	1	3	5	8	0	1	0	2	0	0	31	71	1	7	17	53	4	7
Colman	2	5	0	2	29	46	5	26	0	1	0	3	0	2	0	1	0	1	0	0	22	33	5	11	9	22	0	21
Columbia[2]	8	26	0	NA	18	79	0	NA	2	17	0	NA	0	3	0	NA	3	4	0	NA	22	80	0	NA	9	49	0	NA
Gatzert[2]	4	4	1	NA	20	41	1	NA	2	13	1	NA	1	5	0	NA	2	7	0	NA	16	24	2	NA	13	45	1	NA
King	9	33	0	1	35	61	1	2	1	0	0	2	2	8	0	1	1	1	0	0	30	52	0	2	18	50	1	4
Hawthorne	3	3	0	3	11	12	8	16	2	1	0	1	2	1	0	3	0	0	1	0	12	11	4	11	6	4	4	12
Leschi	0	2	0	0	36	96	0	12	1	0	0	0	3	1	0	1	0	1	0	0	24	51	0	4	16	49	0	10
Muir	15	23	2	2	31	74	3	7	1	2	0	0	0	2	0	2	0	4	0	0	26	62	4	6	21	42	1	5
Van Asselt	5	3	0	1	27	5	4	21	1	2	1	2	4	1	0	5	1	0	0	0	29	4	3	21	10	7	2	8
Whitworth	11	32	1	5	31	63	0	4	3	16	0	2	0	1	0	0	0	3	0	0	29	58	0	5	16	55	1	6
Wing Luke	7	8	0	0	15	17	0	18	1	2	0	7	4	4	0	0	5	0	0	0	22	21	0	11	10	10	0	14
Kimball	7	6	3	4	14	17	9	3	6	29	6	16	2	3	0	1	3	2	0	2	21	43	10	10	11	14	8	16
Head Start[2] (Preschool)	6	7	0	NA	21	22	0	NA	1	7	0	NA	1	5	1	NA	0	0	0	NA	18	21	3	NA	11	21	2	NA
Subtotal	87	161	8	21	318	618	34	117	24	112	9	36	24	44	1	15	15	25	1	2	302	533	32	88	167	421	24	103
Total[3]	277 (16.3%)				1,087 (64.9%)				181 (10.8%)				84 (5.0%)				43 (2.6%)				955 (57.0%)				715 (43.0%)			

[1]I = Students who received intensive only service in the school year program.
ST = Students who received short term only service in the school year program.
C = Students who received a combination of short term service and intensive service in the school year program.
Length of service for the above categories varied from one semester to the entire school year and summer.
SU = Students who received intensive services only in the summer but did not receive service in the school year program.
[2]These schools were not involved in the summer program.
[3]Ethnic data for 4 students (.2% of the total) are not displayed above; these students represented the ethnic category "Other."
Ethnic data were missing for 10 intensive only students, 13 short term only students, 3 students who received intensive and short term service, and 20 students who received service in summer only. Sex data were missing for a total of 52 students.

TABLE B

FAMILY BACKGROUND INFORMATION
FOR STUDENTS WHO RECEIVED INTENSIVE SERVICE
IN THE CHILD DEVELOPMENT CENTERS PROGRAM
DURING THE 1976-77 SCHOOL YEAR[1]

Family Pattern

Student Lives With:	Number of Students[2]
Both Parents	36 (9%)
One Parent	311 (80%)
Guardian/Relative	44 (11%)

Family Income[3]

Income Level	Number of Students
Welfare	140 (27.2%)
Lower	208 (40.4%)
Lower-Middle	102 (19.8%)
Middle	55 (10.7%)
Upper-Middle	8 (1.5%)
Upper	2 (.4%)

[1]Includes students who received a combination of intensive and short term service
[2]Family pattern data are missing for 145 students.
[3]Family income categories are estimated by Child Development Centers Program staff. Data are missing for 21 students.

TABLE C

GRADE LEVEL DISTRIBUTION OF STUDENTS WHO RECEIVED VARIOUS CATEGORIES OF SERVICE IN THE CHILD DEVELOPMENT CENTERS PROGRAM
(FALL 1976 THROUGH SUMMER 1977)[1]

Grade	Service Category								Total[2] N Students by Grade	Grade Level % of CDC Population
	Intensive Only		Short Term Only		Short Term & Intensive		Summer Intensive Only			
	N Students by Grade	% Grade Level Total	N Students by Grade	% Grade Level Total	N Students by Grade	% Grade Level Total	N Students by Grade	% Grade Level Total		
Preschool	30	39%	44	57%	3	4%	0	0	77	5.0%
Kindergarten	102	44%	85	36%	7	3%	40	17%	234	15.0%
1st	127	39%	142	43%	13	4%	45	14%	327	20.0%
2nd	113	36%	154	49%	13	4%	35	11%	314	19.0%
3rd	53	23%	137	59%	10	4%	32	14%	232	14.0%
4th	9	5%	148	78%	2	1%	30	16%	189	12.0%
5th	2	1%	110	86%	1	1%	15	12%	128	8.0%
6th	0	0	96	90%	0	0%	11	10%	107	7.0%
										100.0%

[1]Length of service for the groups labeled Intensive Only, Short Term Only, and Short Term & Intensive varied from one semester to the entire school year and summer. Group labeled Summer Intensive Only received intensive service in the summer program but did not receive service in the school year program. The grade level reported for these latter students is the grade they entered school in Fall 1977.

[2]Missing grade data for 44 Intensive Only, 59 Short Term Only, 8 students who received combined Short Term & Intensive, and 3 students served only in the summer program.

TABLE D

TYPE AND SEVERITY LEVEL OF PROBLEMS FOR WHICH STUDENTS WERE REFERRED TO THE CHILD DEVELOPMENT CENTERS PROGRAM FOR INTENSIVE SERVICE[1] (FALL 1976)

Problems as Described by Teacher	Severity Level of Problem					Total
	1 Within Normal Limits	2 Mild Problem	3 Moderate Problem	4 Severe Problem	5 Very Severe Problem	
	N	N	N	N	N	N
Physically Immature	2	4	10	18	9	43
Verbally Immature	2	11	21	14	8	56
Withdrawn from Peers	4	17	34	10	8	73
Withdrawn from Adults	4	6	18	4	4	36
Physically Aggressive and/or Abusive Toward Peers	7	25	33	12	7	84
Verbally Aggressive and/or Abusive Toward Peers, Teasing	5	22	31	12	8	78
Physically Aggressive and/or Abusive Toward Adults	1	11	12	4	4	32
Verbally Agressive and/or Abusive Toward Adults	4	13	11	6	4	38
Physically Abusive Toward Self	0	0	0	2	1	3
Demands Attention From Adults	3	7	18	8	2	38
Demands Attention From Peers	1	3	18	8	1	31
Uncontrolled Temper	0	2	5	6	2	15
Low Self Esteem	6	11	9	8	4	38
Unhappy and/or Moody, Pouts	5	17	19	8	6	55
Anxious, Fearful, and/or Insecure, Shy	3	12	12	12	3	42
Rejects Authority, Stubborn, Doesn't Follow Directions	9	13	28	17	7	74
Inattentive and/or Distracted	4	20	40	24	14	102
Hyperactive	5	7	25	12	8	57
Difficulty Adjusting to New Situations	1	3	7	5	4	20
Rejected by Peers	0	7	14	7	6	34
Total	66 (7%)	211 (22%)	365 (38%)	197 (21%)	110 (12%)	949

[1]Students generally were referred for more than one problem area. Problem areas and ratings of their severity are judgments of the classroom teacher. Data were missing for 110 students.

TABLE E

PRIMARY REASONS FOR REFERRAL OF STUDENTS WHO RECEIVED SHORT-TERM SERVICE IN THE CHILD DEVELOPMENT CENTERS PROGRAM DURING THE 1976-77 SCHOOL YEAR

PRIMARY REASONS FOR REFERRAL[1]	Number of Students
Learning Difficulty	78
Attendance Problem	45
Family Problem	95
Individual Testing Needed	29
Promotion/Retention Problem	7
Referral to Student Services Needed	25
Behavioral Problems	
Immature	153
Withdrawn	76
Aggressive	236
Low Self-Esteem	99
Anxious, Insecure	116
Inattentive	103
Peer Relations	346
Very Active	65
Short Attention Span	55
Hyperactive	8

[1]Reason for referral was determined by CDC Program staff. Students could be referred for more than one reason. Data were missing for 232 students.

TABLE F

NUMBERS OF STUDENTS BY SCHOOL WHO RECEIVED VARIOUS CATEGORIES OF SERVICE IN THE CHILD DEVELOPMENT CENTERS PROGRAM DURING THE 1976-77 SCHOOL YEAR[1]

School	Service Category			Total
	Intensive Only	Short Term Only	Short Term And Intensive	
Brighton	48	126	5	179
Colman	32	55	5	92
Columbia	31	130	0	161
Gatzert	30	70	3	103
King	48	105	1	154
Hawthorne	18	17	8	43
Leschi	40	100	0	140
Muir	47	107	5	159
Van Asselt	39	11	5	55
Whitworth	45	115	1	161
Wing Luke	32	31	0	63
Kimball	32	57	18	107
Head Start (preschool)	30	44	3	77
Missing School Data	8	7	2	31
Total	480 (31%)	975 (65%)	56 (4%)	1,511

[1]Length of service varied from one semester to the entire school year

TABLE G

DISTRIBUTION OF CHILD DEVELOPMENT CENTERS PROGRAM PARTICIPANTS RECEIVING INTENSIVE SERVICE IN SUMMER 1977 BY 1976-77 SCHOOL YEAR SERVICES PREVIOUSLY RECEIVED

School	School Year Service Categories				Total
	Intensive Only	Short Term Only	Intensive and Short Term	No School Year Service	
Brighton	32	12	4	17	65
Colman	11	4	2	36	53
King	15	7	0	7	29
Hawthorne	10	3	0	24	37
Leschi	12	8	0	14	34
Muir	21	8	1	13	43
Van Asselt	19	3	0	29	51
Whitworth	11	8	0	11	30
Wing Luke	10	5	0	31	46
Kimball	14	12	7	28	61
Missing School Data	--	--	--	1	1
Total	155 (34%)	70 (16%)	14 (3%)	211 (47%)	450

TABLE H

NUMBER OF CONTACTS PROVIDED FOR STUDENTS WHO RECEIVED VARIOUS CATEGORIES OF SERVICE IN THE CHILD DEVELOPMENT CENTERS PROGRAM DURING THE 1976-77 SCHOOL YEAR

	Contacts by Service Category[1]									Total		
	Intensive Only			Short Term Only			Intensive and Short Term			Total N = 1,511		
	Total N = 480			Total N = 975			Total N = 56					
Type of Contact by Group[2]	N of Contacts	(N of Students)	Average N of Contacts	N of Contacts	(N of Students)	Average N of Contacts	N of Contacts	(N of Students)	Average N of Contacts	N of Contacts	(N of Students)	Average N of Contacts
Students												
Individual Counseling	4,193	(422)	9.9	7,243	(829)	8.7	528	(50)	10.6	11,964	(1,301)	9.2
Group Counseling[3]	15,210	(468)	32.5	2,175	(166)	13.1	1,128	(52)	21.7	18,513	(686)	27.0
Classroom Observation	3,164	(452)	7.0	1,720	(430)	4.0	373	(54)	6.9	5,257	(936)	5.6
Health Screening	1,076	(276)	3.9	1,320	(377)	3.5	77	(24)	3.2	2,473	(677)	3.7
Subtotal	23,643			12,458			2,106			38,207		
Visits												
Home Visits	1,357	(377)	3.6	385	(154)	2.5	144	(41)	3.5	1,886	(572)	3.3
School Visits	1,444	(361)	4.0	734	(306)	2.4	137	(38)	3.6	2,315	(705)	3.3
Phone Contacts	2,239	(439)	5.1	813	(301)	2.7	215	(50)	4.3	3,267	(790)	4.1
Subtotal	5,040			1,932			496			7,468		
District Staff												
Consultation	10,121	(1,759)		6,561	(1,956)		942	(188)		17,624	(3,903)	
Program Agencies												
Referral/Coordination												
District Programs	344	(79)	4.4	290	(109)	3.7	29	(9)	3.2	663	(197)	3.4
Outside Agencies	417	(69)	6.0	290	(57)	5.1	30	(7)	4.3	737	(133)	5.5
Subtotal	761			580			59			1,400		
Total	39,565	480	82.43	21,531	975	22.08	3,603	56	64.34	64,699	1,511	42.82

[1] Length of service varied from one semester to the entire school year.
[2] The majority of students received more than one type of contact and are counted for each type.
[3] Group counseling sessions average 45 minutes in length.

TABLE I

NUMBERS OF CONTACTS BY SCHOOL PROVIDED FOR STUDENTS WHO RECEIVED INTENSIVE SERVICE
IN THE CHILD DEVELOPMENT CENTERS 1977 SUMMER PROGRAM
(N=450)

Contacts[2]	School by Number of Contacts[1]																						Total		Average Number of Contacts
	Brighton		Colman		King		Hawthorne		Leschi		Muir		Van Asselt		Whitworth		Wing Luke		Kimball		Missing School Data		Number of Contacts	(Number of Students)	
	N of Con.	(N of Stu.)	N of Con.	(N of Stu.)	N of Con.	(N of Stu.)	N of Con.	(N of Stu.)	N of Con.	(N of Stu.)	N of Con.	(N of Stu.)	N of Con.	(N of Stu.)	N of Con.	(N of Stu.)	N of Con.	(N of Stu.)	N of Con.	(N of Stu.)	N of Con.	(N of Stu.)			
Regularly Enrolled Students																									
Group Sessions[3]	877	(65)	787	(53)	512	(29)	520	(38)	546	(35)	719	(41)	727	(51)	551	(30)	858	(46)	998	(61)	21	(1)	7,116	[illegible]0)	15.8
Individual Contact	66	(66)	69	(45)	18	(10)	7	(4)	4	(3)	66	(42)	35	(19)	22	(7)	39	(35)	0		1	(1)	327	(232)	1.4
Relatives																									
Siblings	39	(15)	0		0		2	(2)	2	(1)	30	(11)	9	(2)	22	(5)	0		6	(5)	0		110	(41)	2.7
Parents	76	(37)	99	(56)	71	(30)	92	(37)	35	(21)	100	(39)	47	(23)	57	(29)	48	(44)	100	(54)	2	(1)	727	(371)	2.0
Other Relatives	160	(30)	24	(2)	2	(2)	209	(22)	10	(7)	45	(19)	9	(7)	45	(8)	85	(14)	14	(13)	0		603	(124)	4.9
Schools/Agencies																									
Outside Agencies	5	(5)	0		0		0		0		9	(1)	0		10	(1)	2	(2)	0		0		26	(9)	2.9
Other Schools	4	(3)	0		0		5	(5)	80	(4)	17	(10)	0		0		0		100	(10)	2	(1)	208	(33)	6.3
Total	1,227		979		603		835		677		986		827		707		1,032		1,218		26		9,117	450	20.3

[1] N of Con. = The number of contacts.
N of Stu. = The number of students who received each type of contact.
[2] The majority of students received more than one type of contact and are counted for each type where applicable.
[3] Group counseling sessions average 4.5 hours in length.

TABLE J

DISPOSITION OF STUDENTS RECEIVING INTENSIVE SERVICE
ON TERMINATION FROM THE 1976-77 SCHOOL YEAR CHILD DEVELOPMENT CENTERS PROGRAM

Disposition	Number of Students	Percent
In Need of Further Treatment		
Referred to:		
New School (usually another CDC school)	42	12.0%
Court, Law Enforcement or Correctional Agency	1	.2%
Special Education	8	2.0%
Not Referred:		
Guardian Rejected Further Treatment	8	2.0%
Appropriate Treatment Unavailable	8	2.0%
Student Moved; No Treatment Available	122	33.0%
Not in Need of Further Treatment (Successfully terminated)	180	48.8%
Total Students Terminated	369[1]	100.0%

[1]Termination data were not available for 111 of the total 480 students receiving intensive service. It was assumed that these students were referred again for additional service in the 1977-78 program.

TABLE K

CORRELATIONS OF TEACHER ACADEMIC RATINGS WITH
SECOND GRADE STUDENTS' STANINE SCORES ON MAT SUBTESTS

MAT Subtests	Teacher Ratings	
	Initial	Review
Reading	.54 (N=158)	.63 (N=155)
Total Reading	.68 (N=130)	.70 (N=154)
Total Mathematics	.48 (N=150)	.59 (N=149)

TABLE 1

AVERAGE DECREASE IN SEVERITY LEVEL IN EACH PROBLEM AREA AS RATED BY TEACHERS AND CHILD DEVELOPMENT CENTERS STAFF FOR STUDENTS WHO RECEIVED INTENSIVE SERVICE IN THE CHILD DEVELOPMENT CENTERS PROGRAM DURING THE 1976-77 SCHOOL YEAR AND IN THE SUMMER PROGRAM

Problem Areas	Decrease in Severity Ratings[1]					
	School Year				Summer School	
	Teacher Rating	(N of Students)	Staff Rating	(N of Students)	Staff Rating	(N of Students)
ically Immature	.8	(28)	1.5	(39)	.7	(10) N.S.
ally Immature	1.8	(32)	1.7	(66)	.5	(42)
drawn from Peers	1.6	(59)	1.7	(115)	.4	(135)
drawn from Adults	1.9	(24)	1.9	(35)	.8	(21)
ically Aggressive Toward Peers	1.5	(83)	1.5	(82)	.6	(71)
ally Aggressive Toward Peers	1.3	(58)	1.4	(83)	.5	(75)
ically Aggressive Toward Adults	1.3	(22)	1.2	(28)	.5	(37)
ally Aggressive Toward Adults	.9	(22)	1.2	(31)	.5	(35)
nds Attention from Adults	1.5	(36)	1.4	(49)	.4	(42)
nds Attention from Peers	1.3	(22)	1.6	(31)	.6	(18)
Self Esteem	1.4	(43)	1.3	(72)	.4	(62)
ppy and/or Moody	1.7	(53)	1.8	(46)	.5	(51)
ous, Fearful or Shy	1.8	(29)	1.6	(64)	.8	(54)
cts Authority, Stubborn	1.2	(62)	1.4	(71)	.7	(42)
tentive or Distracted	1.4	(87)	1.2	(91)	.8	(74)
ractive	1.5	(44)	1.3	(39)	.6	(33)
cted by Peers	1.0	(25)	1.5	(55)	.4	(114)
r	1.4	(147)	1.6	(129)	.6	(116)

t number represents mean amount of decrease in severity rating on a scale of 0 (no problem) to 3 (very severe problem). Numbe arentheses represents the number of students who were judged to have each problem and for whom review data were available. Al s were statistically significant at $p \leq .05$, except where noted by N.S. (not significant).

SSD #1 CHILD DEVELOPMENT CENTERS PROGRAM _____
School

INTAKE STATUS

_____ Date of request

H K 1 2 3 4 5 6 Spec.Ed. Grade

M F

W B J C V S I O(Specify) Race

Bilingual / /

Primary reason(s) for request (may check more than one)

1. Learning difficulty _____
2. Attendance _____
3. Family situation _____
4. Testing _____
5. Gifted student _____
6. Promotion/retention _____
7. Initiate referral to Student Services _____

8. Behavior
- Immature _____
- Withdrawn _____
- Aggressive _____
- Low self-esteem _____
- Anxious, insecure _____
- Inattentive _____
- Peer relations _____
- Very Active _____
- Short Attention Span _____
- Hyperactive _____

INITIAL SEVERITY RATING
1 2 3 4 5

9. Other(specify) _____

OUTCOME

CDCP (May check more than one)

1. Consultation only _____
2. Individual _____
3. Communication group _____
4. Glasser group _____
5. CDCP waiting list _____
6. Regular CDCP _____ date

Special Ed
- Assessed _____
- Eligible _____ type
- Placed _____ date
- Waiting list _____
- Not eligible _____

Code: V=1st semester X=2nd semester O=Summer

SCHOOL PROGRAMS	Coordination	Date Referred
Student Services		
Title I		
Title VII		
Bilingual/TESOL		
Speech Therapist		
Special Ed		(see check list)
Gifted		
H R A		
Ethnic Heritage		
Other-Specify		
OUTSIDE PROGRAMS		
Children's Protective Services		
CMHC		
CDH		
U. of Wa.(specify)		
Other(specify)		

Testing	CDCP	Done by Other(specify)	Date
WRAT			
Slosson			
Bender			
Winterhaven			
Spache			
Jansky			
Leiter			
ITPA			
WISC-R/WAIS/WIPPSI			
Other			

Student # _____ Address _____ Phone # _____

Name _____ Termination Date _____

ACTION TAKEN

_____
Student Name

	9/77-2/78 Service Units	Total	2/78-6/78 Service Units	Total	6/78-7/78 Service Units	Total
CHILD						
1. Individual						
2. Group						
3. Seen by Nurse Practitioner						
4. Classroom Observation						
5. PARENT - Home						
6. - School						
7. - Phone						
STAFFING (# of formal staffings _____)						
8. CDCP only						
9. Teacher						
10. Principal						
11. Nurse						
12. Psychiatrist						
13. Speech Pathologist						
14. Student Services						
15. Other District Program(s)						
16. Agency						
17. Academic Pres. Materials (hours)						
18. Testing (hours)						
19. Other (specify)						

PROGRESS NOTES:

Date	COMMENTS

Revised 11/22/76 CBCP REFERRAL AND FOLLOW-UP FORM School_____

STUDENT # _____ Date of Referral_____

CHILD'S NAME_____ Grade____ Age____ Teacher_____
Last First Middle

GUARDIAN'S NAME_____ Referred by_____
(if other than teacher) Person Title Agency

Specific concerns or problems at time of referral	Initial Concern Level	Parent/Teacher Date	Parent/Teacher Date
1.			
2.			
3.			
4.			
5.			

Additional Concerns (to be filled out later as necessary)		Date	
1.			
2.			
3.			
4.			
5.			

Previous Parent/Teacher conferences _____ # Parent/Teacher conferences this semester

ABSENTEEISM: SEMESTER BEFORE REFERRAL _____ Attendance: Mid Semester →

TEACHER'S ACADEMIC EVALUATION:
Using the attached chart for a guideline, what would you predict is the child's level of achievement (or will be in first grade if he is now in Kindergarten) based on his present performance level?

READING 1 2 3 4 5 6 7 8 9 (circle one)

MATH 1 2 3 4 5 6 7 8 9 (circle one)

Academic	Review

COMMENTS:

For Staff use only

DISPOSITION

Date service started _____ Referred elsewhere Date_____ Reason_____

Not served_____ Reason_____

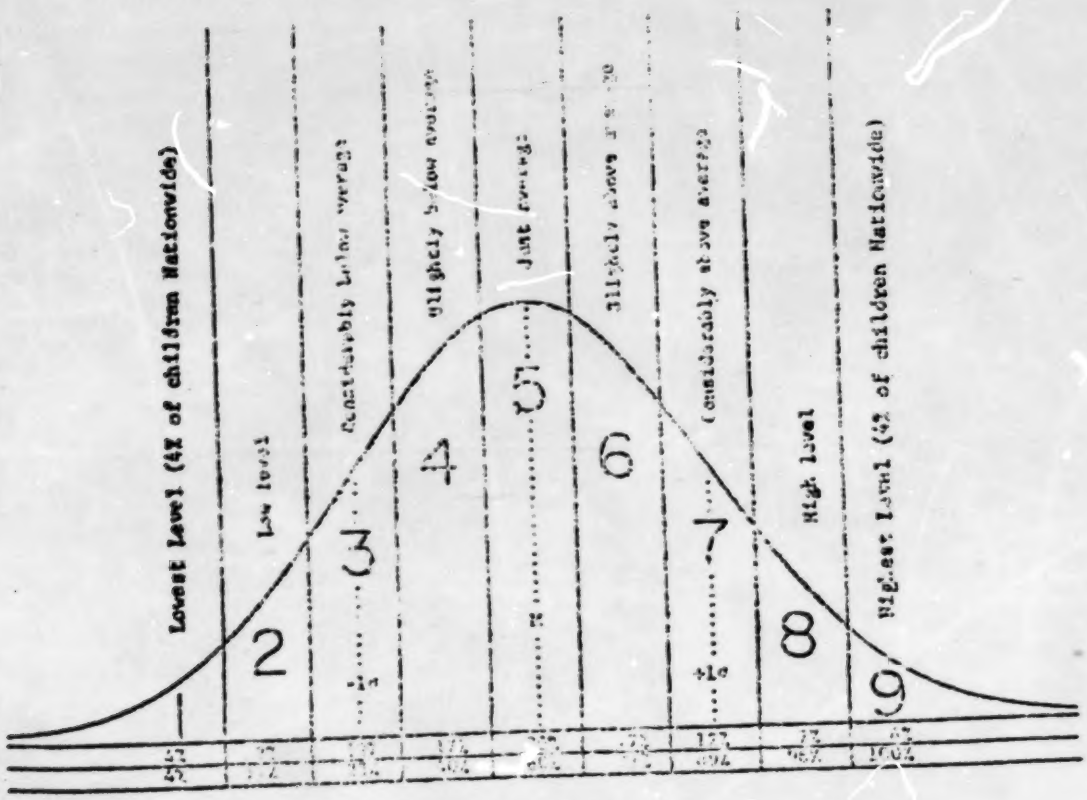
METHOD OF RATING LEVEL OF CONCERNS

Each concern is rated as to severity on a five point scale.

1 - Within normal limits—but not up to child's potential
2 - Mild problem—has mild or sporadic effect on ordinary activities or relationships
3 - Moderate problem—has moderate effect or often affects ordinary activities or relationships
4 - Severe problem—significantly and almost continuously affects activities and relationships
5 - Very severe problem—has very severe effect on ability to be maintained in "regular" school setting
0 - It is not now a problem—this rating would be used only at review time

In making these ratings, you should consider not just the severity of the symptom when it occurs, but also its frequency of occurrence, as well as the extent to which it affects behavior and ability to adjust to school and home.

** Meaning of Academic Ratings (Compare child to Nationwide standards)



FACE SHEET

(To be filled out by CDC Staff only)

School _____

Date of Referral _____

Student Number _____

Child's Name Last _____ First _____

Grade _____ Age _____ Sex _____

In Household _____

Family Income W L LM M UM U

Guardian's Name _____

Living With

Mother	/ /
Father	/ /
Grandmother	/ /
Relative	/ /
Friend	/ /
Foster Parent	/ /

Concerns for child: (your independent evaluation)

Date		Initial Concern Level	REVIEW BY STAFF Date	Date	Date	Date
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					

ABSENTEEISM:
SEMESTER BEFORE REFERRAL _____

ABSENTEEISM:
THIS SEMESTER →

FAMILY COMPOSITION

NAME	RELATIONSHIP	AGE/B.D	ADDRESS	PHONE	EMERGENCY INFO.

10/26/76

BEHAVIORAL RATING FORM CDCP

Dear Teacher:
Please mark your responses in pencil on the A.I.D. response sheet in section 1, 1 through 13 as follows: Darken rectangle for the appropriate response for each child.

A - always
B - usually
C - sometimes
D - seldom
E - never

Thank you.

George Sanders, Evalua.
Cecilia V. Saari, CDCP

---

1. Does this child adapt easily to new situations, feel comfortable in new settings, enter easily into new activities?

2. Does this child hesitate to express opinions, as evidenced by extreme caution, failure to contribute, or a subdued manner in speaking situations?

3. Does this child become upset by failures or other strong stress as evidenced by such behaviors as pouting, whining, or withdrawing?

4. How often is this child chosen for activities by classmates? Is this child's companionship sought for and valued?

5. Does this child become alarmed or frightened easily? Does the child become very restless or jittery when procedures are changed, exams are scheduled or strange individuals are in the room?

6. Does this child seek much support and reassurance from peers or the teacher, as evidenced by seeking their nearness or frequent inquiries as to whether she/he is doing well?

7. When this child is scolded or corrected, does she/he become either very aggressive or very sullen and withdrawn?

8. Does this child deprecate school work, grades, activites, and work products? Does the child indicate she/he is not doing as well as expected?

9. Does this child show confidence and assurance in actions towards teachers and classmates?

10. To what extent does this child show a sense of self-esteem, self-respect, and an appreciation of self-worthiness?

11. Does this child publicly brag or boast about exploits?

12. Does this child attempt to dominate or bully other children?

13. Does this child continually seek attention, as evidenced by such behaviors as speaking out of turn and making unnecessary noises?

TERMINATION SUPPORT FORM

CHILDREN'S DATA

Name_____ School_____ Date_____ Mos. of Service _____

Total Service Units Group_____ Individual_____

CODE	Referral on Discontinuation	Specify, Place and Person
1	Public psychiatric hospital	
2	Other mental health facility (Includes inpatient, partial, and outpatient care)	
3	Medical facility	
4		
5	Social or community agency	
6	Private practice mental health professional	
7	Nonpsychiatric physician	
8	Court, law enforcement or correctional agency	
9	School system	
	a. Same school	
	b. New school	
	c. Special Education	
10	Other known referral (specify)	
11	Unknown	
12	Not referred: a. Guardian rejected treatment and/or referral	a.
	b. Other (e.g., died, moved, etc. Specify)	b.
	c. In need of further treatment but appropriate referral unavailable	c.
	d. Not in need of further treatment	d.

FAMILY DATA

Name_____ Date_____ Mos. of Service_____

Total Service Units_____

CODE	Referral on Discontinuation	Specify, Place and Person
1	Public psychiatric hospital	
2	Other mental health facility (Includes inpatient, partial and outpatient care)	
3	Medical facility	
4	Nursing Homes	
5	Social or community agency	
6	Private practice mental health professional	
7	Nonpsychiatric physician	
8	Court, law enforcement or correctional agency	
9	Children's Protective Service	
10	Other known referral (specify):	
11	Unknown	
12	Not referred: a. Client rejected treatment and/or referral	a.
	b. Other (e.g., died, moved, etc. Specify)	b.
	c. In need of further treatment but appropriate referral unavailable	c.
	d. Not in need of further treatment	d.

CMCF 12/18/73

SUMMER
SUMMARY AND CONTACT SHEET

Child Development Centers
School_____

Student Number_____

Child's Name_____ _____
Last First Initial

Age_____ Sex_____ Grade (Spring '76)_____

Race W B J C F S I O_____
Specify

Guardian's Name_____

Living with M F MF Other_____
Specify

Family Income W L LM M UM U

Number in Household_____

Specific concerns for child during summer _____ Date	CONCERN level (1-5)	Review-Staffing Date _____ Comments:	CONCERN level (0-5)
1.		1.	
2.		2.	
3.		3.	
4.		4.	

Date	Type of Contact — Comments:	Child Indiv.	Mother	Father	Both P.	Agency	Other

Contacts may be grouped if one type of contact is extensive. Write additional comments on back of card if non-CDCP child. Additional comments on CDCP child should go in chart under Progress Notes.

	# days attended	Relationship Enrollee
How many days did enrolled child attend this summer? (Explain irregular attendance)		
Attendance of non-regularly enrolled siblings (e.g., field trips—enrolled s/he will have their own summer form) Name		
Name		
Name		
Name		
Parent or relative involvement as volunteers in summer program (enter # of days here from your volunteer card) Name		
Name		
Name		
Name		

Rev. 5/24/76 SUMMER PROGRAM 1977

METHOD OF RATING LEVEL OF CONCERNS

Each concern is rated as to severity on a five point scale.

1 - Within normal limits--but not up to child's potential
2 - Mild problem--has mild or sporadic effects on ordinary activities or relationships
3 - Moderate problem--has moderate effect or often affects ordinary activities or relationships
4 - Severe problem--significantly and almost continuously affects activities and relationships
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In making these ratings, you should consider not just the severity of the symptom when it occurs, but also its frequency of occurrence, as well as the extent to which it affects behavior and ability to adjust to school and home.

(Additional Comments on Non-CDCP Child)